



Students with a Disability (SWD) Parental or Guardian Consent

The Bureau of Services for Blind Persons (BSBP) will use this form to verify the parental or guardian consent for the named student identified as a minor and confirm consent to exchange information with the educational agency.

Student Information		
Last Name	First Name	Middle Initial
Telephone	Email	Date of Birth
School Enrolled In		

BSBP intends to work with you, the student, the educational agency, and their designee to arrange for the delivery of Pre-ETS, including:

- Job exploration counseling.
- Work-based learning experiences.
- Workplace readiness training to develop social and independent living skills.
- Instruction in self-advocacy, including person-centered training and peer mentoring.
- Counseling on opportunities for enrollment in comprehensive transition/postsecondary educational programs.

The student may also be eligible for employment services through BSBP's Vocational Rehabilitation program. The assigned rehabilitation professional will meet with you to discuss these program options and begin structuring services.

As a parent or guardian, your signature below confirms the following:

1. Permission for the named student to participate in Pre-ETS.
2. The reciprocal release of information between the educational agency identified on this form and the Bureau of Services for Blind Persons (BSBP).



Information that may be released consists of all documents, materials, or other information required for participating in, providing, or resulting from the delivery of Pre-ETS.

As parent or guardian of the named student, I give my permission regarding the named student to be released as indicated. I understand what information will be released, the purpose for the release of information, and that there are statutes and regulations protecting the confidentiality of the information. I understand the Administrative Simplification provision Subtitle F of Title II under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and in 45 CFR Parts 260 and 262 do not apply to State Vocational Rehabilitation Agencies. I also understand that other laws may prohibit re-disclosure without consent of the named student, parent(s), or guardian. I understand I may revoke the consent provided in this form at any time by providing BSBP with a signed and dated written notice. The consent shall remain valid for so long as the named student is in receipt of BSBP Pre-ETS.

Parent or Guardian Name (Print)	Date
Signature	Date

Thank you for providing this information.

Complete, Attach, and Return Form:

By Email: LEO-BSBP-CustomerAssistance@michigan.gov

By Mail: Bureau of Services for Blind Persons
702 W. Kalamazoo Street,
P.O. Box 30652
Lansing, MI 48909

By Fax: 517-335-5160